EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA *ex rel.* ELLSWORTH ASSOCIATES, LLP, Plaintiff-Relator, v. CVS HEALTH CORPORATION, *et al.*, Defendants.	Case No.: 2:19-cv-02553-JMY

RELATOR'S INITIAL DISCLOSURE PURSUANT TO RULE 26(a)(1) OF THE FEDERAL RULES OF CIVIL PROCEDURE

Relator provides the following initial disclosure under Rule 26(a)(1) based on the information reasonably available. Relator reserves the right to supplement this disclosure under Rule 26(e) as additional information becomes available.

I. Definitions Applicable to This Initial Disclosure

1. "Brand-Name Drugs" refers to all dosages of Copaxone (Teva), Exelon (Novartis), Voltaren Gel (Endo), Invega (Janssen), Asacol HD (Allergan), Xopenex HFA (Sunovion), Renvela Packets (Sanofi), Renvela Tablets (Sanofi), Istalol (Bausch & Lomb), Harvoni (Gilead), Epclusa (Gilead), Ventolin HFA (GSK), Canasa Rectal Suppository (Allergan), Advair Diskus (GSK), and Suboxone Sublingual Film (Indivior).

2. "Defendants" means CVS Health Corporation, SilverScript Insurance Company, LLC, CVS Caremark Corporation, and CVS Pharmacy, Inc., including any parent, subsidiary, director, officer, employee, agent, attorney, or other individual, entity, or source within the possession, custody, or control of CVS Health Corporation, SilverScript Insurance Company, LLC, CVS Caremark Corporation, or CVS Pharmacy, Inc.

Relator has the following categories of documents in its possession, custody, or control that it may use to support its claims:

(1) Documents related to SSG Program rollout and program administration (*e.g.* program manuals, claims history, communications among various CVS teams, Silver Script Call Center Representative scripts);

(2) SilverScript Call Center audio recordings and transcripts;

(3) Claims files;

(4) Grievance History files;

(5) Documents regarding member usage and utilization of prescription drugs including member-specific information regarding fills and attempted fills of relevant SSG drugs;

(6) Documents pertaining to the SSG programs for each of the Brand Name Drugs.

C. Rule 26(a)(1)(A)(iii)—Computation of Damages

The United States of America has sustained damages in the form of the amounts it paid as a result of Defendants' fraudulent, wrongful and/or illegal scheme to prevent Medicare Part D beneficiaries from accessing less costly, equivalent versions of numerous generic prescription drugs in favor of much costlier, multi-source brand-name drugs. As a direct result of Defendants' fraudulent, improper and illegal practices, the United States has continued to pay false or fraudulent claims related to invalid Part D prescriptions, and pay increased subsidies to SilverScript through direct advance monthly payments; reinsurance subsidies, low-income cost-sharing subsidies; risk-sharing arrangements; and/or year-end retroactive adjustments and reconciliations.

Relator does not have the necessary documents and data to make a fully-informed calculation of damages at this point. Many documents needed to calculate damages are in the sole possession of Defendants and/or the relevant drug manufacturers. For instance, Relator lacks essential data points such as the amounts paid by CVS, the United States, or Medicare beneficiaries for the relevant drugs. In addition, Relator does not have information regarding the details of the rebate agreements entered into by CVS and relevant drug manufacturers.

Nevertheless, based on the information reasonably available to it, Relator can provide the following information.[1] Relator estimates that there were approximately the following number of claims for the relevant drugs paid for by the Government:

Year	Number of Claims
2016	377,973
2017	1,280,102
2018	1,280,102
2019	3,800,171
2020	3,018,404
2021	2,908,838
2022	2,903,039
2023	2,826,007
TOTAL:	36,789,272

Without information in the possession of Defendants, Relator does not know what portion of those claims was fraudulent.

Relator can also estimate that total difference in price between the generic versions of the relevant drugs and the brand versions is as follows:

Year	Damages (Single)
2016	$359,253,511.13
2017	$585,144,331.87

[1] The complete relief sought is set forth in the Prayer for Relief of the Second Amended Complaint and, in addition to the "damages" set forth herein pursuant to Fed. R. Civ. P. 26(a)(1)(A)(iii), includes injunctive relief, disgorgement, costs, attorneys' and experts' fees, pre- and post-judgment interest, and other relief.

2018	$585,144,331.87
2019	$1,140,466,650.95
2020	$1,074,986,552.20
2021	$1,050,858,701.41
2022	$922,113,243.79
2023	$845,867,766.88
Total	**$6,563,835,090.11**

Without information in the possession of Defendants, Relator does not know what portion of the price difference was overpaid by the government.

Relator will supplement these calculations as it obtains the necessary information over the course of discovery and as appropriate under the Federal Rules and the Court's scheduling orders and reserves the right to amend, supplement, or correct any aspect of the calculations (e.g., the amount, the methodology, the date range) as appropriate.

D. Rule 26(a)(1)(A)(iv)—Insurance Agreements

As there are no claims pending against Relator in this action, the issue of Relator's insurance coverage "to satisfy part of all of a judgment which may be entered in the action" is inapplicable.

Dated: April 14, 2023

/s/ W. Scott Simmer
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CERTIFICATE OF SERVICE

I, W. Scott Simmer, hereby certify that on April 14, 2023, a true and correct copy of Relator's Initial Disclosures Pursuant to Rule 26 was served on the following parties by email at the addresses indicated below:

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/s/ W. Scott Simmer
W. Scott Simmer